MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO 09/807655   **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			I					51						
2				I				52						
3				I				53						
4				I				54						
5				I				55						
6				I				56						
7				I				57						
8				I				58						
9				I				59						
10				I				60						
11				I				61						
12				I				62						
13			I					63						
14				I				64						
15				I				65						
16			I					66						
17				I				67						
18				I				68						
19				I				69						
20				I				70						
21								71						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			3					TOTAL IND.						
TOTAL DEP.			17					TOTAL DEP.						
TOTAL CLAIMS			20					TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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